

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/320,172	05/26/99	604	3762	CIR-002-CIP2

APPLICANT ASCHER SHMULEWITZ, SEATTLE, WA; JOHN BURTON, MINNETONKA, MN; ROBERT S. BLEY, MENLO PARK, CA; ROY SINGFATT CHIN, FREMONT, CA; RONALD C. BROWN, SANTA CRUZ, CA; ROBERT L. WILCOX, BOTHELL, WA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 09/183,752 10/30/98  
WHICH IS A CIP OF 09/084,513 05/26/98

*Oyong*  
*Sadula*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/15/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 12	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS NICOLA A PISANO  
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1251 AVENUE OF THE AMERICAS  
NEW YORK NY 10020

TITLE APPARATUS FOR PROVIDING CORONARY RETROPERFUSION AND METHODS OF USE

FILING FEE RECEIVED  \$1,113	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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